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FORM PTO-2022 (1-98)

## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ł TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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